



#14/B
12/26/00
PATENT APPLICATION
ATTNY. DOC. NO. 64978

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Biedermann et al.

Serial No.: 09/242,540

Filed: February 18, 1999

Title: PYRIDL ALENE AND PYRIDL
ALKINE-ACID AMIDES AS CYTOSTACIS
AND IMMUNOSUPPRESSIVES

Group Art Unit: 1624

Examiner: Coleman

CERTIFICATE OF MAILING

I hereby certify that this paper is
being deposited with the United
States Postal Service with
sufficient postage as first class
mail in an envelope addressed to:
Commissioner of Patents and
Trademarks, Washington, D.C. 20231,
on this date

12/6/00 *James P. Krueger*
Date James P. Krueger
Registration No. 35,234
Attorney for Applicant(s)

Amendment A

Honorable Commissioner of Patents
and Trademarks
ATTENTION: Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the office action dated July 6, 2000,
please amend the above-identified application as follows.

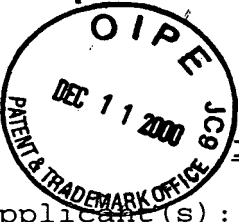
IN THE SPECIFICATION:

Please insert the Abstract provided herewith on a separate
page into the specification.

On page 1 of the application, after the Title, please
insert, - [This application is a national stage entry under 35
USC §371 of PCT/EP97/03245, filed June 20, 1997.--

IN THE CLAIMS:

Please cancel claims 1-41.



PATENT APPLICATION

Attorney Pocket No. 84978
Date: Dec. 12, 2000RECEIVED 1624/\$
DEC 18 2000
TECH CENTER 1600/2000

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Applicant(s): Biedermann et al.

Application No.: 09/242,540

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For: PYRIDYL ALKENE AND PYRIDYL ALKINE
ACID AMIDES AS CYTOSTATICS AND
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12/6/00
DateRegistration No. 35,234
Attorney for Applicant(s)

Commissioner of Patents and Trademarks
ATTENTION: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- () A paper requesting correction/substitution of drawings is attached.
(x) Petition for Two Month Ext. of Time and Check for \$390.00
() No additional fee is required.

Fee Calculation For Claims As Amended

	As Amended	Previously Paid For	Present Extra	Rate	Additional Fee
Independent Claims	_____	- _____	** = _____	x \$ 80.00	= \$ _____
Total Claims	_____	- _____	* = _____	x \$ 18.00	= \$ _____
Fee for Multiply Dependent Claims				\$270.00	\$ _____
** At least 3				Total Additional Fee	\$ _____
* At least 20					\$ 0

() Small Entity Fee (reduced by half)

\$ _____

() A check in the amount of \$ _____ is attached.

() Charge \$ _____ to Deposit Account No. 06-1135.

(X) The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

FITCH, EVEN, TABIN & FLANNERY

120 South LaSalle Street
Chicago, Illinois 60603-3406
Telephone: (312) 577-7000
Facsimile: (312) 577-7007

By: James P. Krueger
James P. Krueger

Registration No. 35,234